


Date: 10/7/2024 1:17:06 PM

**Bill Of Lading**

Page 1 of 1

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000941339	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: 000074879      FOB: <input type="checkbox"/>		 (402)06757163000941339	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> ABF Freight	
Name: Kohls Dist. Center #00840      Location #: 00840 Address: 2015 NE Jefferson Street Blue Spring (Grain Valley) D.C., City/State/Zip: 00840 Grain Valley, MO 64029 CID#: 892013159      FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: 430006 Seal number(s):	
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		<b>SCAC:</b> ABFS	
Name: Address: City/State/Zip:		Pro Number: 155203060	
SPECIAL INSTRUCTIONS: Load #: 892013159 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid:                      Collect: X                      3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
15093732      Dept#: 115	9	117.54	Y      N	
<b>Grand Total</b>	<b>9</b>	<b>117.54</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	117.54		Bath Towel, Beach Towel	49260 Sub 4	175
1		9		167.54		<b>Grand Total</b>		

  
**155 203 060**  
Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Freight Bill of Lading and ABF tariffs.

Total Pages: 2

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**COD Amount:** \_\_\_\_\_

Fee Terms:      Collect:       Prepaid:

Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.


\_\_\_\_\_  
Shipper Signature

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  _____ 10-7-24	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook for the hazard description in the vehicle. _____ Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Date: 10/7/2024 1:23:07 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000941414
Name:	E & E COMPANY LTD	 (402)06757163000941414
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		<b>CARRIER NAME:</b> ABF Freight
VENDOR:	000074879	Responsible Acct.No:


<b>SHIP TO</b>		Trailer number: 430006
Name:	Kohls Dist. Center -#00840	Location #: 00840
Address:	2015 NE Jefferson Street	
City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840	
	Grain Valley, MO 64029	
CID#:	892013174	FOB: <input type="checkbox"/>
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
Name:		
Address:		
City/State/Zip:		

<b>SPECIAL INSTRUCTIONS:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Load #:	892013174	Prepaid: Collect: X 3rd Party:
Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading

<b>CUSTOMER ORDER INFORMATION</b>	
CUSTOMER ORDER NUMBER	ADDITIONAL SHIPPER INFO
15086142 Dept#: 115	
<b>Grand Total</b>	

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
15086142 Dept#: 115	6	137.40	Y N	
<b>Grand Total</b>	6	137.40		

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so named and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 385</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	137.40		Shower curtain	49385	77.5
1		6		187.40		<b>Grand Total</b>		



**155 203 072**

Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Freight Bill of Lading and ABF's tariffs.



Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**COD Amount:** \_\_\_\_\_

**Fee Terms:** Collect:  Prepaid:

Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

\_\_\_\_\_  
Shipper Signature

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

\_\_\_\_\_ 10-7-24

**Trailer Loaded:**  By Shipper  By Driver

**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook and/or relevant documentation in the vehicle.  
*Dean [Signature]* 10-7-24  
 Property described above received in good order, except as noted.

Appt Time:  
 In:  
 Out:  
 Driver Signature: